

BOARD OF COUNTY COMMISSIONERS
CERTIFICATION OF OUTSIDE EMPLOYMENT



_____ (name) do hereby state under oath that I engage in non-county employment.

This employment is conducted entirely in my off-duty hours, and I do not use or take advantage of any resources or equipment of Escambia County in its performance. I understand and agree that such employment is secondary to my County employment in all respects. Specifics regarding my outside employment follow:

1. Name and address of company/organization:

a) _____

Nature of Business or operations:

b) _____

Your Duties:

c) _____

2. Name and address of company/organization:

a) _____

Nature of Business or operations:

b) _____

Your Duties:

c) _____

To the best of your knowledge, do any of the companies/organizations listed above have a business relationship with the Escambia County Board of County Commissioners? Yes _____ No _____

If yes, please describe nature of business transactions: _____

(For purposes of this question, a "business relationship" may be ongoing, may have been conducted within the past 18 months, or may be intended to begin within the next 18 months.)

I, by my signature below, certify that my outside employment does not now pose a conflict of interest with my current County employment nor will such outside employment create such a conflict in the future. Should I discover that such outside employment does indeed create such a conflict in the future, I will promptly advise my supervisor and the Ethics Officer indicating that I will cease such outside employment or I will resign my current County position.

Also, I will promptly advise my supervisor and the Ethics Officer when there is a change or addition to my outside employment listed above.

I understand and agree that for the purposes of this certification "conflict of interest" shall mean those conflicts set out in Part III of Chapter 112, Florida Statutes and the Escambia County Code of Ethics Policy.

I understand and agree that violation of this certification in any aspect shall be grounds for disciplinary action by Escambia County up to and including termination of my employment.

Name: _____ Job Title: _____

Signature: _____ Date: _____

STATE OF FLORIDA
COUNTY OF ESCAMBIA

Subscribed and sworn to (or affirmed) before me this _____ by _____
(DATE)

who is personally known to me or has produced _____ as identification.
(TYPE OF IDENTIFICATION)

SEAL
Notary Public

Approved by: _____
Ethics Officer/HR Director